## NEBRASKA STATEWIDE CEMETERY REGISTRY (NSCR) REGISTRATION FORM

1.	NAME OF CEMETERY	ENTITY	
	ALTERNATE NAME	ES	
2.	PHYSICAL ADDRESS:		
	STREET/ROAD/ETO		
	CITY/TOWN/VILLA	GE	
	STATE	ZIP CODE	
3.	LOCATION NAME:		
	Cemetery/entity is <u>ins</u>	<u>side</u> corporate limits of the city/	town/village of
	Cemetery/entity is ou	tside corporate limits of the cit	y/town/village in precinct
4.	LEGAL DESCRIPTION	N: (Not required if located with	in city/town/village limits):
	QUARTER		
	SECTION		RANGE
	TOWNSHIP		LONGITUDE/LATITUDE (if known)
5.	COUNTY		
(bu	uilding with burial vaults) ree): Cemetery Mausoleum Columbarium Unmarked Graves/Bu	and columbaria (vaults for cre	marked tombstones, etc.) with mausoleums mated remains in urns) should check all
		anArcheological Site	
7.	IS CEMETERY ENTITY Public Private	Z LOCATED ON PUBLIC OR Unknown	PRIVATE LAND?
8.	Establishment Date(s) Unknown		_

9.	Abandonment Date(s)				
	Not Abandoned Unknown				
10.	Does a plat map exist?				
	Yes				
	No				
	Unknown				
	Not applicable				
	If yes, please provide a copy to the NSHS (this is desirable, but funding is not available to				
	reimburse for reproduction expenses).				
	Comments				
11.	Do burial/lot records exist?				
	Yes				
	No				
	Unknown				
	Not applicable				
	If they exist, are they available for public inspection?				
	Yes				
	No				
	Comments				
	Comments				
12.	Have tombstone transcriptions been compiled?  Yes No Unknown Not Applicable If yes, please provide access information:  Source title (if available in a published text provide title, author, date of publication, etc.)  Web address (if transcriptions have been placed on the World Wide Web)  Other (provide name of individual, institution, etc. where the copy or copies of listings are available for public use)*  *In some cases a copy may already be available at the Nebraska State Historical Society.				
13.					
	Name				
	Representing				
	Address				

Should this name and address be the initial contact for this cemetery entity?

OWNER: Same as Submitter		
NameRepresenting		
Address		
PhoneFax		
E-Mail		<del>-</del>
OPERATOR: Same as Submitter Name		If not please provide:
Representing		
Address		
PhoneFax		<del>_</del>
E-Mail		_
CUSTODIAN: Same as Submitter	Same as Owner	Same as Operator I
please provide: Name		
Representing	<del></del>	
Address		
PhoneFax		
E-Mail		<del>-</del>
ADDITIONAL COMMENTS, NOTE	S. ETC.	

Thank you for completing this questionnaire. Please print a copy of the completed registration form. Mail a copy of the form to the following address or fax to the number listed. You may be contacted in the future for further verification. A copy of your registration form should be maintained with the records of your cemetery entity and reviewed on a regular basis. *Updates should be sent promptly to the Registry*. Registrants on file may be contacted every ten years for verification.

Questions may be e-mailed to cindy.drake@nebraska.gov. Registration information will be placed on file and public information will be available upon request. For further information about the Cemetery Registry contact via the address information given below or visit the Nebraska State Historical Society website (<a href="www.history.nebraska.gov">www.history.nebraska.gov</a>). REMINDER: Any changes of addresses, etc. should be submitted to the Registry.

Nebraska Statewide Cemetery Registry History Nebraska 1500 R Street Lincoln, NE 68508-1651

Yes No